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|   |                         |  |                            |
|---|-------------------------|--|----------------------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><i>(only for new nonprovisional applications under 37 CFR 1.53(b))</i>   |                         | Attorney Docket No.  | <b>END-5293</b>            |
|   |                         | First Inventor: Mark Tsonton et al.<br>Title: BIOPSY DEVICE  |                            |
|   |                         | I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail – Post Office to Addressee in an envelope addressed to: Assistant Commissioner for Patents, Box-Patent Application, Washington, DC 20231. |                            |
|   |                         | Name: <i>Kimberly M. Moses</i>   | Date: <i>3-24-04</i>       |
|   |                         | Kimberly M. Moses  | March 24, 2004             |
| Express Mail Label No.  | <b>EU923390365US</b>    |  |                            |
| <b>APPLICATION ELEMENTS</b><br><i>See MPEP Chapter 600 concerning utility patent application contents.</i>  |                         | <b>ADDRESS TO:</b> U.S. Patent and Trademark Office<br>2011 South Clark Place Customer Window<br>Mail Stop: Patent Applications<br>Crystal Plaza Two, Lobby Rm. 1B03<br>Arlington, Virginia 22202  |                            |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(submit an original and a duplicate for fee processing)</i>   |                         | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  |                            |
| 2. <input type="checkbox"/> Applicant claims small entity status.   |                         | 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)   |                            |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 25]<br><i>(Preferred arrangement set forth below)</i>   |                         | a. <input type="checkbox"/> Computer Readable Form (CRF)   |                            |
| - Descriptive Title of the Invention  |                         | b. <input type="checkbox"/> Specification Sequence Listing on:   |                            |
| - Cross Reference to Related Applications   |                         | i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or  | 10/808078 U.S.PTO<br>22390 |
| - Statement Regarding Fed sponsored R&D   |                         | ii. <input type="checkbox"/> paper   | 032404                     |
| - Reference to sequence listing, a table, or a computer program listing appendix  |                         | c. <input type="checkbox"/> Statement verifying identity of above copies   |                            |
| - Background of the Invention   |                         | <b>ACCOMPANYING APPLICATION PARTS</b>  |                            |
| - Brief Summary of the Invention  |                         | 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))   |                            |
| - Brief Description of the Drawings ( <i>if filed</i> )   |                         | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><i>(when there is an assignee)</i>   |                            |
| - Detailed Description  |                         | 11. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )   |                            |
| - Claim(s)  |                         | 12. <input checked="" type="checkbox"/> Information Disclosure Statement<br>(IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations  |                            |
| - Abstract of the Disclosure  |                         | 13. <input type="checkbox"/> Preliminary Amendment   |                            |
| 4. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 11]   |                         | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i>   |                            |
| 5. Oath or Declaration [Total Pages 3]  |                         | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i>   |                            |
| a. <input checked="" type="checkbox"/> Executed Copy  |                         | 16. <input type="checkbox"/> Request and Certifications under 35 U.S.C. 122<br>(b)(2)(B)(i). Applicant must attach form<br>PTO/SB/35 or its equivalent.  |                            |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><i>(for continuation/divisional with Box 18 completed)</i>  |                         | 17. <input checked="" type="checkbox"/> Application Cover Sheet<br>w/Express Mail Certification  |                            |
| i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).   |                         |  |                            |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76   |                         |  |                            |
| 18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: , filed .<br>Prior application information: Examiner Group Art Unit: |                         |  |                            |
| For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.         |                         |  |                            |
| 19. CORRESPONDENCE ADDRESS<br><input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>000027777</b> or <input checked="" type="checkbox"/> Correspondence Address below  |                         |  |                            |
| Name: Philip S. Johnson, Esq.<br>Address: Johnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, NJ 08933-7003 USA  |                         |  |                            |
| 20. TELEPHONE CONTACT: Please direct all telephone calls or facsimiles to: Gerry S. Gressel<br>Telephone: (513) 337-3535 Fax: (513) 337-8489  |                         |  |                            |
| 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED   |                         |  |                            |
| NAME  | Gerry S. Gressel        |  | Reg. No. 34,342            |
| SIGNATURE   | <i>Gerry S. Gressel</i> |  |                            |
| DATE  | March 24, 2004          |  |                            |

|                        |                     | <i>Complete if Known</i> |  |
|------------------------|---------------------|--------------------------|--|
| Application Number     |                     |                          |  |
| Filing Date            | March 24, 2004      |                          |  |
| First Named Inventor   | Mark Tsonton et al. |                          |  |
| Group Art Unit         |                     |                          |  |
| Examiner Name          |                     |                          |  |
| Attorney Docket Number | END-5293            |                          |  |

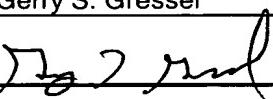
## FEE CALCULATION

### CLAIMS AS FILED

| (1)                       | (2)                        | (3)             | (4)        | (5)                   |
|---------------------------|----------------------------|-----------------|------------|-----------------------|
| FOR:                      | NUMBER<br>FILED      TOTAL | NUMBER<br>EXTRA | RATE       | BASIC FEE<br>\$770.00 |
| TOTAL CLAIMS              | 20 + 0 = 20                | 0               | x 18.00    | \$ 0.00               |
| INDEPENDENT CLAIMS        | 3 + 0 = 3                  | 0               | x 86.00    | \$ 0.00               |
| MULTIPLE DEPENDENT CLAIMS | <input type="checkbox"/>   | N/A             | X 280.00   |                       |
|                           |                            |                 | TOTAL FEES | \$770.00              |

### METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/END-5293/GSG in the amount of \$770.00
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/END-5293/GSG. **One Original and 2 copies of this sheet are enclosed.**

| <b>SUBMITTED BY:</b>  |   | <i>Complete (if applicable)</i>               |
|-----------------------|---|---|
| Typed or Printed Name | Gerry S. Gressel  | Reg. No. 34,342                               |
| Signature             |  | Date: 03/24/04<br>Deposit Account No. 10-0750 |